

IOWA COMMUNICATIONS NETWORK REQUEST FOR SERVICES



Email Completed form to ICN.CSS@Iowa.gov

REQUESTING INFORMATION SECTION

Requesting Agency:	Agency Internal Tracking #:
Person Preparing this Request:	Telephone Number:
Email address:	

BILLING SECTION

ICN requires an account number and authorization to process this request.

Account Number to be charged:

Install: <i>ICN TENANT # (Billing account, only one install account per form)</i>
Monthly: <i>ICN TENANT # (Billing Account)</i>
<input type="checkbox"/> Check for expedite (fee will be added)

"I certify that unencumbered funds are available for the purchase of services requested and that such items are for the sole use of this agency."

Signature:	Title:
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LOCATION SECTION

Location of work requested (building, address and floor #). This information is used to identify a caller's location for emergency responders. Please complete the building, address and floor information for each phone number requesting service in this form.

Bldg. Name/Address:	Floor:
Contact Person at that Location:	Phone Number:
Email Address:	

DESCRIPTION OF WORK SECTION

Requested date of completion:

DETAILED DESCRIPTION OF WORK REQUESTED: (Please describe with enough detail so that work can be properly assigned. If required, attach additional sheets and drawings to identify location.)

Note: All fields must be filled out. Empty fields will delay processing your order. For assistance, call (515) 725-4633.